

CASTLE ROCK ARABIANS

1350 Castle Rock Road
Walnut Creek, CA 94598
Phone 925 933-3701

email: htrails@astound.net web : www.castlerockarabians.com

Riding Release Form

I understand that riding a horse in the arena or on the trail **can be hazardous**. That a horse is a large animal that outweighs a human by several hundred pounds. That riding a horse requires attention and care.

Therefore, I will not engage in cell phone activity or any other distracting practice such as removing jackets or other clothing while on horseback. **I understand that staying on a horse depends on balance and NOT holding on to the saddle.**

That trail riding involves being in remote areas for several hours and away from communications, transportation, and medical facilities; that these areas have natural and man-made hazards. I also understand that even in an arena environment, **that horses can be excitable, difficult to control and . I unpredictable, and that accidents can happen to anyone at any time causing injury or even death**

agree to take full responsibility for myself and the animal I am riding. **I am fully covered by my own medical insurance** (If you have no insurance coverage, you cannot ride a horse at Castle Rock Arabians.) and I will not sue Nancy DuPont, or any affiliates for any losses that I may incur. I will hold harmless Nancy DuPont and affiliates or **any** other employee blameless for any accident, injury, or loss that might occur due to my participation in any riding instruction, camp or trail ride, and free from all liability for such injury or loss.

I understand that a significant percentage of injuries that occur falling from a horse are to the head. I have been advised to wear a protective helmet that meets or exceeds the ASTM (1163-88)/SEI certified requirements for all riding except vaulting, while riding Castle Rock horses. Adults refusing to wear a helmet must be made aware that protective headgear is best designed to reduce injuries and document in writing they were told and refused.

ALL RIDERS MUST WEAR HELMETS!

Signatures below constitutes acceptance of the above terms and conditions.

Date: _____

Name (Print) _____

Child's Name _____

Address _____

City _____ State (CA) _____ Zip _____

Phone _____ fax _____ email _____

My Medical Insurance Carrier is _____

Signature _____

48 hours notice is required for all scheduling adjustments